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For action

Recommendation for funding for a short-duration country programme**

Mozambique

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Mozambique with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $18,238,000 from general resources, subject to the availability of funds, and $29,762,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2001.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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Basic data
(1996 unless otherwise stated)

Child population (millions, under 18 years)	9.1
U5MR (per 1,000 live births)	214
IMR (per 1,000 live births)	133
Underweight (% moderate and severe) (1995)	27
Maternal mortality rate (per 100,000 live births) (1990)	1,500
Literacy (% male/female) (1995)	58/23
Primary school enrolment (% net, male/female) (1995)	45/35
Primary school children reaching grade 5 (%) (1995)	47
Access to safe water (%) (1995)	63
Routine EPI vaccines financed by Government (%) (1995)	0
GNP per capita (US$) (1995)	*
One-year-olds fully immunized against:	
tuberculosis:	83 per cent
diphtheria/pertussis/tetanus:	60 per cent
measles:	67 per cent
poliomyelitis:	60 per cent
Pregnant women immunized against tetanus:	61 per cent

* Estimated to be low income: $785 or less.

The situation of children

1. Since the ending of war in 1992, change in Mozambique has been rapid, and largely positive, as the country has made impressive strides from war to peace. People have returned to the rural areas to rebuild their lives and homes; 80,000 soldiers have been demobilized; considerable progress has been made in increasing safe access to productive rural land through demining; multi-party democracy has been introduced; the economy is experiencing impressive growth; and considerable progress has been made on the rehabilitation and extension of basic social services.

2. Despite this progress, the basic rights of many Mozambican children - to survival, development, protection and participation - are not being fulfilled. The legacy of war and destruction has left Mozambique with some of the worst life conditions in the world. One third of the urban and two thirds of the rural population live in absolute poverty.

3. Mortality indicators are among the highest in the world. The most common causes of child mortality and morbidity are acute respiratory infections, diarrhoeal diseases and malaria, which are underlain by poor nutrition, lack of access to basic health services, delayed referral, poor hygiene and sanitation, and inadequate home-based care. Extremely high maternal mortality rates reflect heavy workloads, inadequate diet and rest, the absence of trained birth attendants and very limited

access to health services. HIV/AIDS is a rapidly emerging problem. Population movements brought by peace have stimulated HIV infection rates. Some 1.2 million (1.4 per cent) of 15- to 49-year-old Mozambicans are infected, plus an estimated 54,000 children under 15 years old.

4. While improvements in the coverage and quality of social services have been significant since 1993, access and utilization remain very low. Limited government budgets for education result in overcrowded classrooms, poorly trained teachers and high repeater and drop-out rates, particularly among girls. An increasing number of children in the streets and the high incidence of abuse and sexual exploitation of minors indicate growing problems of urban life. An estimated 1 million children are in need of special protection and care. While Mozambique has ratified the Convention on the Rights of the Child, its implementation requires the further development of policies and programmes.

Programme cooperation, 1994-1998

5. The 1994-1998 programme of cooperation was directed towards achieving the goals of the World Summit for Children by providing and mobilizing support to basic needs. The programme included strategies to improve coverage, delivery and capacity of social services in the health, education and water sectors; respond to the needs of children in especially difficult circumstances; improve emergency preparedness; and strengthen the use of communication and community-based approaches for child and country development. Responding to Mozambican realities, the UNICEF programme underwent a number of changes, making the transition from emergency to resettlement and rehabilitation to development.

6. UNICEF contributed to the expansion of health infrastructure and the provision of essential drugs to rural health units, reaching an estimated 9 million out-patients. Support also was given to antimalaria strategies and to the decentralization of primary health care (PHC) services. Currently, 16 per cent of salt is iodized, and a law on salt iodization will soon be approved. Support to improved water and sanitation programmes has benefited some 1.4 million people, and systems for community maintenance are being introduced.

7. Support for the education sector has emphasized improved quality of services, increasing enrolment and community participation in primary schools and, in particular, the promotion of girl's education, seeking to *mainstream gender issues in education*. Over 100,000 pupils are involved in the programme, which also has included the construction of some 150 classrooms, in-service training for over 1,000 teachers and the provision of learning materials. The community development programme focused on institutional strengthening and capacity-building for rural development through the Centre for Agarian Training and, at the local level, with the district administration and communities; and support to the post-war recovery of household food security and basic services in rural areas through six area-based projects.

8. The number of vulnerable groups of children directly supported by the children in difficult circumstances programme increased significantly from 500 "street children" in the early 1990s to more than 10,000 children in special need, assisted through the Government and over 30 non-governmental organizations (NGOs). The information and social communication programme supported training for journalists, the production of story and "child-to-child" books, and hosted over 25 visits to Mozambique by international media and donors. Girls' empowerment is being promoted through the "Sara" Communication Initiative.

Lessons learned

9. Lessons learned through the past programme of cooperation have highlighted the importance of: (a) extending UNICEF relationships with NGOs from funding support for service delivery to capacity-building and partnership on child rights issues; (b) developing partnerships with institutions within Government and civil society to put children at the forefront of development; (c) defining the role and contribution of UNICEF within the sector-wide approaches; (d) clarity in the roles of different United Nations agencies and also increased coordination and collaboration between them as demonstrated in the preparation of the United Nations Development Assistance Framework (UNDAF); (e) responding to post-emergency conditions by repositioning UNICEF as a facilitator to national development efforts, which will lead to the phasing out of the two field offices; (f) strengthening government systems, working through them and ensuring that UNICEF support matches the government development programmes; (g) setting realistic programme objectives; (h) sustained approaches to reinforcing partner capacities, at provincial, district and community levels, to improve implementation in the framework of the national policy on decentralization; (i) working towards an expanded and multisectoral response to HIV/AIDS, and (j) communication for behavioural change as an integral part of programmes.

Recommended programme cooperation, 1999-2001

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
General resources				
Child rights mobilization and protection	1 300	1 200	1 200	3 700
Health and nutrition	1 280	1 380	1 340	4 000
Basic education	1 200	1 150	1 150	3 500
Water, sanitation and hygiene promotion	1 300	1 100	1 100	3 500
Cross-sectoral costs	1 177	1 195	1 166	3 538
Subtotal	**6 257**	**6 025**	**5 956**	**18 238**
Supplementary funding				
Child rights mobilization and protection	1 843	1 825	1 894	5 562
Health and nutrition	2 900	2 900	2 900	8 700
Basic education	2 500	2 600	2 600	7 700
Water, sanitation and hygiene promotion	2 500	2 650	2 650	7 800
Cross-sectoral costs	---	---	---	---
Subtotal	**9 743**	**9 975**	**10 044**	**29 762**
Total	**16 000**	**16 000**	**16 000**	**48 000**

Programme preparation process

10. The programme preparation process was coordinated by the Country Programme Coordination Committee (CPCC), chaired by the Ministry of Foreign Affairs and comprising directors of line ministries, government institutes, the United Nations Resident Coordinator and UNICEF. This body was supported by sectoral and cross-sectoral working groups involving representatives from the Government, NGOs, donors, UNICEF and other United Nations agencies. In addition, the United Nations Theme Groups for Health, HIV/AIDS, Education, Water and Sanitation, Gender and Governance have been used to facilitate discussions with sister agencies and to identify opportunities for closer, more effective United Nations collaboration. The process has involved a number of steps: a mid-term review (MTR) (July 1996); the United Nations Common Country Assessment (May 1997); a Government-UNICEF meeting with a wide range of partners which approved the proposed programme strategy (March 1998); and finalization of UNDAF (May 1998).

Objectives and strategy

11. The overall goal of the new programme of cooperation is to support and strengthen Mozambican capacities to promote, protect and fulfil children's rights, meet their basic needs and expand opportunities for children to reach their fullest potential. Three mutually reinforcing strategies will be pursued to achieve that goal: (a) to position children and women at the centre of Mozambique's development agenda; (b) to increase access to quality social services and to develop special measures to respond to the needs of children in need of special protection; and (c) to strengthen family and community capacities to protect, nurture and care for children.

12. In operationalizing these strategies, programmes and projects will be developed to better integrate and link "top-down" advocacy and mobilization approaches with "bottom-up" approaches which empower communities to participate, in a more informed manner, in determining and acting on their development choices. The major tools to enable this are: advocacy; the effective use of rights and legal frameworks to mobilize and ensure compliance; the promotion and use of communications and participatory process to empower communities and support behaviour development; building capacities within national institutions which facilitate and support development; and improved investments in service delivery. UNICEF support will be provided through 14 projects comprising the following programmes: child rights mobilization and protection; health and nutrition; basic education; and water, sanitation and hygiene promotion.

Child rights mobilization and protection

13. This programme will aim to increase public awareness and understanding of the changing situation of children and women and promote the commitment and capacity of Government and civil society to act for the fulfilment of children's rights. Support will be given to the development of an "Agenda for Action for Mozambican Children" and the establishment of a child rights resource centre. Support will be provided to selected Government institutions to promote and develop participatory methods and community-based approaches for the achievement of child rights, working towards behavioural change among service providers, communities and families to improve child care and the development of innovative and appropriate communication strategies. The programme also will support the development of policies and legislation for the protection and care of children; strengthen the capacities of key ministries to develop, manage and coordinate specific programmes for children; and support NGOs responding at the community level to the needs of children in difficult circumstances.

Health and nutrition

14. With emphasis on the community level, this programme will work with the Ministry of Health to promote sustained improvements in the health, nutrition and well-being of children and women through increasing coverage, quality and access to essential PHC services. Specifically it will support the Government's health policy and system development by strengthening planning, participatory management, supervisory and reporting capacities of provincial and district health service managers. It will provide support to strategies for the integrated management of child illness at the community level in two provinces. It will strengthen the ability of communities to analyse and act on the causes of sickness and death among young children and women through the development of communication strategies, health committees and the skills of health workers. Emphasis will be placed on strengthening the health system's capacity to deliver essential health and nutrition services; attain and sustain over 80 per cent immunization coverage; prevent and manage malaria; reduce low birth weights; maternal mortality and vertical HIV transmission; develop strategies to improve the care of HIV-affected children; and respond to the health needs of adolescents.

Basic education

15. The programme will support the Ministry of Education in the development of policies and strategies to promote increased primary enrolment, progression and achievement, especially for girls, and to provide learning opportunities for out-of-school children. Emphasis will be placed on the improvement of capacity, particularly at district and provincial levels, to plan and monitor for universal primary education, in-service and distance training for primary school heads and teachers, and curriculum development on child rights, gender and life skills. Projects will focus on two provinces and include interventions that increase girls' enrolment and achievement, a school-based HIV/AIDS prevention strategy and actions to improve the health and well-being of students; and strategies to promote parental involvement. Alliances will be formed with Government, NGOs and other partners to expand learning opportunities and life skills education for out-of-school children and adolescents.

Water, sanitation and hygiene promotion

16. This programme will closely complement the health and nutrition components in relation to the control of diarrhoeal and other diseases associated with inadequate water supplies, sanitation and poor hygiene practices. Working principally with the Department of Water in the Ministry of Public Works, focus will be placed on strengthening the Government's capacity to lead, coordinate and facilitate implementation of an integrated water, sanitation and hygiene promotion (WSHP) strategy at the national level and in two provinces, Zambezia and Nampula, which together contain 40 per cent of the country's population. Material and technical support will be provided for the implementation of community-based WSHP actions benefiting 200,000 people. Participatory management methods and communication strategies will be developed, and particular attention will be given to developing a WSHP strategy for schools. Support also will be given to municipal authorities in the four main cities to develop action plans to reduce the risks of cholera and diarrhoeal diseases. Complementing investment programmes for safe water supply in these cities will be supported by the World Bank and other external partners. UNICEF will support the development of a

communication programme promoting improved sanitation and hygiene practices.

Programme monitoring and evaluation

17. As part of cross-sectoral activities, progress towards national goals will be measured using information derived from national or purposeful surveys, while programme performance will be monitored, in terms of efficiency and effectiveness, through the conduct of annual reviews and selected project and thematic evaluations. A monitoring, evaluation and research plan will be developed, and updated annually, to guide these activities. An annual statistical update will be prepared on the situation of children and women and of progress towards national and programme goals. At programme levels - where impact in terms of coverage and utilization of basic services, behavioural and institutional change are the major objectives - the primary tools for assessment will be national surveys and specific-purpose enquiries commissioned by programme managers. UNICEF and government counterparts will be accountable to ensure that this monitoring framework is followed within each programme. Programme development will be driven by lessons learned, thematic evaluations and operational research, which will be conducted in key areas as required.

18. Programme performance assessments will be prepared in mid-2000 and end- 2001, and an external evaluation will be held in mid-2000 to obtain an appreciation of Government, donor, NGO and other partners' opinions as to the effectiveness of the overall programme of cooperation, its strengths and weakness, and of areas for concentration under the subsequent country programme. Reviews will be held at the project level every six months.

Coordination with other partners

19. Under the overall leadership of the Ministry of Foreign Affairs, successful programme implementation will depend on the coordinated action of key partner ministries, NGOs, communication and training organizations, and national policy and research institutions.

20. A number of steps have been taken by the United Nations system to achieve improved inter-agency coordination, and the Mozambique UNDAF has provided a clear framework for the development of this programme of cooperation. An example is the formulation by the United Nations Population Fund, the World Health Organization and UNICEF of a joint approach to the reduction of maternal mortality. Donor coordination mechanisms are strong in Mozambique, and UNICEF is an active member of the key coordination groups covering health, education, water, sanitation and governance. Cooperation with a broad range of bilateral partners will continue and be developed further. In health, relations will be strengthened with Swiss Development Cooperation (SDC), the United States Agency for International Development, the Governments of Norway and the Netherlands, the Danish International Development Agency (DANIDA), the Finnish International Development Agency (FINNIDA), the German Agency for Technical Cooperation, the European Union and Italian Cooperation; in education with the Swedish International Development Authority, the Canadian International Development Agency (CIDA), DANIDA, FINNIDA, and the Governments of the Netherlands and New Zealand; in water and sanitation with the Governments of the Netherlands, Norway and Austria, SDC, CIDA; and in child rights mobilization and protection with the Governments of Australia, Canada, the Netherlands, Austria and Denmark. Cooperation also will be strengthened with a wide range of NGOs. Priority will be given to strengthening the capacities of national and local NGOs to initiate, implement and evaluate programmes for children, with particular emphasis on activities which: (a) increase public awareness and leadership commitment to children's and women's rights; (b) promote community and family capacities to identify the needs of children and to act effectively on them; and (c) directly respond to the needs of children in need of special protection.

Programme management

21. The Ministry of Foreign Affairs, through the United Nations Department for Multilateral Cooperation, is responsible for the coordination of the Government-UNICEF programme. To support the Ministry, the CPCC, chaired by the Director for Multilateral Cooperation and comprising representatives from key ministries and national institutions, major NGOs, United Nations and donor organizations, will be responsible for reviewing annual plans and progress reports, coordinating the MTR and major programme evaluations, and ensuring agreement on recommended adjustments to the structure and orientation of the programme.

22. Responsibilities for the management of programme components will rest with the heads of respective government departments. Project coordinators will be designated who, working in collaboration with UNICEF programme officers, will have overall responsibility for planning, managing and monitoring implementation at the project level. A similar structure will apply at provincial and municipal levels where project components are being implemented. A management plan has been developed to establish UNICEF capacities required to support the successful and efficient implementation of the programme. Rationalization of the office structure has allowed for the reallocation of over $4.5 million to programme activities.

COUNTRY : MOZAMBIQUE
PROGRAMME : 1999-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/									STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
CHILD RIGHTS MOBILIZATION AND PROT	3,700,000			3,700,000	0	0	0	0	1	0	1	2	4	7	409,213	496,388	905,601
HEALTH AND NUTRITION	4,000,000			4,000,000	0	0	1	0	1	0	2	0	2	4	915,926	128,925	1,044,851
BASIC EDUCATION	3,500,000			3,500,000	0	0	0	1	0	0	1	1	1	3	434,679	209,194	643,873
WATER SANITATION AND HYGIENE PROMO	3,500,000			3,500,000	0	0	0	1	0	0	1	1	1	3	434,679	174,314	608,993
CROSS-SECTORAL COSTS	3,538,000			3,538,000	0	0	0	2	1	0	3	3	18	24	1,278,571	1,110,174	2,388,745
TOTAL GR	18,238,000			18,238,000	0	0	1	4	3	0	8	7	26	41	3,473,068	2,118,995	5,592,063
SUPPLEMENTARY FUNDING :																	
CHILD RIGHTS MOBILIZATION AND PROT		0	5,562,000	5,562,000	0	0	0	0	0	0	0	3	5	8	68,669	657,361	726,030
HEALTH AND NUTRITION		0	8,700,000	8,700,000	0	0	0	1	0	0	1	2	5	8	434,679	524,247	958,926
BASIC EDUCATION		0	7,700,000	7,700,000	0	0	0	0	0	0	0	1	1	2	0	174,314	174,314
WATER SANITATION AND HYGIENE PROMO		0	7,800,000	7,800,000	0	0	0	0	1	0	1	1	3	5	409,213	255,018	664,231
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	29,762,000	29,762,000	0	0	0	1	1	0	2	7	14	23	912,561	1,610,940	2,523,501
TOTAL GR & SF	18,238,000	0	29,762,000	48,000,000	0	0	1	5	4	0	10	14	40	64	4,385,629	3,729,935	8,115,564
SUPPORT BUDGET			Operating costs Staffing	1,447,136	0	1	1	2	0	0	4	3	9	16	1,893,944	1,085,819	2,979,763
GRAND TOTAL (GR + SF + SB)					0	1	2	7	4	0	14	17	49	80	6,279,573	4,815,754	11,095,327
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										17 14	21 17	69 49	107 80	6,279,573	4,815,754	11,095,327

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.